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v8.2



Part II Income and Expenses Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**(a) Amount****a Contributions:**

- (1)**
- Received or receivable in cash from:

(A) Employers**(B)** Participants**(C)** Others (including rollovers)

- (2)**
- Noncash contributions

(b) Total

- (3)**
- Total contributions. Add lines
- 2a(1)(A)**
- ,
- (B)**
- ,
- (C)**
- , and line
- 2a(2)**
-

b Earnings on investments: (1) Interest:**(A)** Interest-bearing cash
(including money market accounts
and certificates of deposit)**(B)** U.S. Government securities**(C)** Corporate debt instruments**(D)** Loans (other than to participants)**(E)** Participant loans**(F)** Other

- (G)**
- Total interest. Add lines
- 2b(1)(A)**
- through
- (F)**
-

- (2) Dividends:**

(A) Preferred stock**(B)** Common stock

- (C)**
- Total dividends. Add lines
- 2b(2)(A)**
- and
- (B)**
-

- (3)**
- Rents

- (4) Net gain (loss) on sale of assets:**

(A) Aggregate proceeds**(B)** Aggregate carrying amount
(see instructions)

- (C)**
- Subtract line
- 2b(4)(B)**
- from line
- 2b(4)(A)**
- and enter result

1 7 0 5 A A 0 3 0 -



2b (5) Unrealized appreciation (depreciation) of assets:

(a) Amount

(A) Real estate

(B) Other

(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**

(6) Net investment gain (loss) from common/collective trusts

(7) Net investment gain (loss) from pooled separate accounts

(8) Net investment gain (loss) from master trust investment accounts

(9) Net investment gain (loss) from 103-12 investment entities

(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)

c Other income

d Total income. Add all **income** amounts in column (b) and enter total**Expenses**

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers

(2) To insurance carriers for the provision of benefits

(3) Other

(4) Total benefit payments. Add lines **2e(1)** through **(3)**

f Corrective distributions (see instructions)

g Certain deemed distributions of participant loans (see instructions)

h Interest expense

i Administrative expenses:

(1) Professional fees

(2) Contract administrator fees

(3) Investment advisory and management fees ...

(4) Other

(5) Total administrative expenses. Add lines **2i(1)** through **(4)**j Total expenses. Add all **expense** amounts in column (b) and enter total

1 7 0 5 A A 0 4 0 .



Net Income and Reconciliation

(b) Total

2k Net income (loss) (subtract line 2j from line 2d)

I Transfers of assets

(1) To this plan

(2) From this plan

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)	Unqualified	(2)	Qualified	(3)	Disclaimer	(4)	Adverse
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b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes ☐ No ☐

c Enter the name and EIN of the accountant (or accounting firm):

Name

EIN

d The opinion of an independent qualified public accountant is **not attached** because:

(1) this form is filed for a CCT, PSA or MTIA. (2) it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Transactions During Plan Year

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

Yes No

Amount

a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)

d Were there any nonexempt transactions with any party-in-interest?
(Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)

e Was this plan covered by a fidelity bond?

1 7 0 5 A A 0 5 0



	Yes	No	Amount
4 f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> .00
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input type="checkbox"/>	

5 a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year

☐ ☐ .00

5 b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan

5b(2) EIN

5b(3) PN

5b(1) Name of plan

5b(2) EIN

-

5b(3) PN

5b(1) Name of plan

5b(2) EIN

-

5b(3) PN

5b(1) Name of plan

5b(2) EIN

-

5b(3) PN

1 7 0 5 A A 0 6 0 \$

